

Amended Statement Cover

COMMUNITY CARE I

STATUTORY FINANCIAL ST

December 31, 2001 and 1

HEALTH ANNUAL STATEMENT

For the Year Ending December 31, 2001

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code	0000	0000	NAIC Company Code	52619	Employer's ID Number	38-3128143
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	USA					
Licensed as business type:	Life, Accident & Health[ ] Vision Service Corporation[ ]		Property/Casualty[ ] Other[ ]		Health Service Corporation[ ] Health Maintenance Organization[X] Dental Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X]	
Date Incorporated or Organized	07/27/1993		Date Commenced Business	06/01/1996		
Statutory Home Office	2100 Raybrook Dr SE		Grand Rapids, MI 49546			
	(Street and Number)		(City, or Town, State and Zip Code)			
Main Administrative Office			2100 Raybrook Dr SE			
			(Street and Number)			
	Grand Rapids, MI 49546				(616)252-4592	
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)	
Mail Address	2100 Raybrook Dr SE		Grand Rapids, MI 49546			
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)			
Primary Location of Books and Records			2100 Raybrook Dr Se			
			(Street and Number)			
	Grand Rapids, MI 49546				(616)252-4592	
	(City, or Town, State and Zip Code)				(Area Code) (Telephone Number)	
Internet Website Address	www.communitycareplan.org					
Statement Contact	Keith Sherwood		(616)252-4592 x			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	Keith.Sherwood@metrogr.org		(616)252-4552 x			
	(E-Mail Address)		(Fax Number)			

President	William C. Cunningham DO
Secretary	Frank E. Belsito DO
Treasurer	William A. Busch

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

William Cunningham DO	Frank Belsito DO
William Busch	Ruth Cupp
Amy Sokolowski	Michael Faas

State of	Michigan
County of	Kent ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
William C Cunningham	Frank E Belsito, DO	Keith O Sherwood
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Chief Financial Officer
	a. Is this an original filing?	Yes[ ] No[X]
	b. If no,	4
	1. State the amendment number	03/01/2002
	2. Date filed	1
	3. Number of pages attached	

Subscribed and sworn to before me this  
day of , 2002

(Notary Public Signature)

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....	325,399 .....	258,921 .....
2.	Net premium income .....	X X X .....	43,779,077 .....	30,793,310 .....
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....	0 .....	0 .....
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....	0 .....	0 .....
5.	Risk revenue .....	X X X .....	0 .....	0 .....
6.	Aggregate Write-Ins for Other health care related revenues .....	X X X .....	0 .....	0 .....
7.	TOTAL REVENUES (Lines 2 to 6) .....	X X X .....	43,779,077 .....	30,793,310 .....
Medical and Hospital:				
8.	Hospital/medical benefits .....	0 .....	20,929,704 .....	7,549,879 .....
9.	Other Professional Services .....	0 .....	2,829,351 .....	2,173,562 .....
10.	Outside Referrals .....	0 .....	3,438,285 .....	2,974,243 .....
11.	Emergency Room and Out-of-Area .....	0 .....	2,188,726 .....	998,584 .....
12.	Aggregate Write-Ins for Other Medical and Hospital .....	0 .....	9,821,256 .....	13,439,131 .....
13.	Incentive Pool and Withhold Adjustments .....	0 .....	40,670 .....	238,051 .....
14.	Subtotal (Lines 8 to 13) .....	0 .....	39,247,992 .....	27,373,450 .....
LESS:				
15.	Net Reinsurance Recoveries .....	0 .....	34,391 .....	(158,035) .....
16.	Total medical and Hospital (Lines 14 minus 15) .....	0 .....	39,213,601 .....	27,531,485 .....
17.	Claims adjustment expenses .....	0 .....	582,877 .....	0 .....
18.	General administrative expenses .....	0 .....	2,667,464 .....	2,240,050 .....
19.	Increase in reserves for accident and health contracts .....	0 .....	0 .....	0 .....
20.	Total underwriting deductions (Lines 16 through 19) .....	0 .....	42,463,942 .....	29,771,535 .....
21.	Net underwriting gain or (Loss) (Lines 7 minus 20) .....	X X X .....	1,315,135 .....	1,021,775 .....
22.	Net investment income earned .....	0 .....	257,051 .....	298,905 .....
23.	Net realized capital gains or (Losses) .....	0 .....	(4,903) .....	0 .....
24.	Net investment gains or (Losses) (Lines 22 plus 23) .....	0 .....	252,148 .....	298,905 .....
25.	Net gain or (Loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....	0 .....	0 .....	0 .....
26.	Aggregate write-ins for other income or expenses .....	0 .....	445,411 .....	10,323 .....
27.	Net income or (Loss) before federal income taxes (Lines 21 plus 24 plus 25 plus 26) .....	0 .....	2,012,694 .....	1,331,003 .....
28.	Federal and foreign income taxes incurred .....	X X X .....	0 .....	0 .....
29.	Net income (Loss) (Lines 27 minus 28) .....	X X X .....	2,012,694 .....	1,331,003 .....
DETAILS OF WRITE-INS				
0601	.....	X X X .....	0 .....	0 .....
0602	.....	X X X .....	0 .....	0 .....
0603	.....	X X X .....	0 .....	0 .....
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....	0 .....	0 .....
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....	0 .....	0 .....
1201.	Pharmacy .....	0 .....	9,821,256 .....	9,376,935 .....
1202.	Outpatient Hospital .....	0 .....	0 .....	4,062,196 .....
1203	.....	0 .....	0 .....	0 .....
1298.	Summary of remaining write-ins for Line 12 from overflow page .....	0 .....	0 .....	0 .....
1299.	TOTALS (Lines 1201 through 1203 plus 1298) (Line 12 above) .....	0 .....	9,821,256 .....	13,439,131 .....
2601.	COB/Subrogation .....	0 .....	12,120 .....	10,323 .....
2602.	Benchmak Award .....	0 .....	433,291 .....	0 .....
2603	.....	0 .....	0 .....	0 .....
2698.	Summary of remaining write-ins for Line 26 from overflow page .....	0 .....	0 .....	0 .....
2699.	TOTALS (Lines 2601 through 2603 plus 2698) (Line 26 above) .....	0 .....	445,411 .....	10,323 .....

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		1	2	3	4
		Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....77,367 for occupancy of own building) .....	16,634	60,733	0	77,367
2.	Salaries, wages and other benefits .....	343,540	1,586,458	0	1,929,998
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .	0	0	0	0
4.	Legal fees and expenses .....	0	58,122	0	58,122
5.	Certifications and accreditation fees .....	0	16,728	0	16,728
6.	Auditing, actuarial and other consulting services .....	65,005	237,346	0	302,351
7.	Traveling expenses .....	0	30,628	0	30,628
8.	Marketing and advertising .....	0	0	0	0
9.	Postage, express and telephone .....	19,391	70,801	0	90,192
10.	Printing and office supplies .....	10,611	38,743	0	49,354
11.	Occupancy, depreciation and amortization .....	13,316	48,620	0	61,936
12.	Equipment .....	0	0	0	0
13.	Cost or depreciation of EDP equipment and software .....	0	0	0	0
14.	Outsourced services including EDP, claims, and other services .....	27,309	126,111	0	153,420
15.	Boards, bureaus and association fees .....	0	63,058	0	63,058
16.	Insurance, except on real estate .....	8,353	30,496	0	38,849
17.	Collection and bank service charges .....	0	12,203	0	12,203
18.	Group service and administration fees .....	0	0	0	0
19.	Reimbursements by uninsured accident and health plans .....	0	0	0	0
20.	Reimbursements from fiscal intermediaries .....	0	0	0	0
21.	Real estate expenses .....	0	0	0	0
22.	Real estate taxes .....	0	0	0	0
23.	Taxes, licenses and fees:				
23.1	State and local insurance taxes .....	0	0	0	0
23.2	State premium taxes .....	0	0	0	0
23.3	Regulator authority licenses and fees .....	0	0	0	0
23.4	Payroll taxes .....	0	0	0	0
23.5	Other (excluding federal income and real estate taxes) .....	0	0	0	0
24.	Investment expenses not included elsewhere .....	0	0	0	0
25.	Aggregate write-ins for expenses .....	78,719	287,416	0	366,135
26.	Total expenses incurred (Lines 1 to 25) .....	582,877	2,667,464	0	(a)..... 3,250,341
27.	Add expenses unpaid December 31, prior year .....	23,867	87,143	0	111,010
28.	Less expenses unpaid December 31, current year .....	0	114,902	0	114,902
29.	Amounts receivable relating to uninsured accident and health plans, prior year .....	0	0	0	0
30.	Amounts receivable relating to uninsured accident and health plans, current year .....	0	0	0	0
31.	Total expenses paid (Lines 26 plus 27 minus 28 plus 29 minus 30) .	606,744	2,639,705	0	3,246,449
DETAILS OF WRITE-INS					
2501.	Office Supplies & Expense .....	76,918	280,844	0	357,762
2502.	Recruitment .....	1,330	4,854	0	6,184
2503.	Rent Equipment .....	471	1,718	0	2,189
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599.	Totals (Lines 2501 through 2503 + 2598)(Line 25 above) .....	78,719	287,416	0	366,135

(a) Includes management fees of \$.....2,021,025 to affiliates and \$.....0 to non-affiliates.